

PUBLIC HEALTH AND HUMAN SERVICES

Public Health and Safety Division

DIVISION CONTACTS

The division administrator and chief financial officer for the division and their contact information are:

Title	Name	Phone Number	E-mail address
Administrator	Jane Smilie	444-4141	jsmilie@mt.gov
Financial Officer	Dale McBride	444-3635	dmcbride@mt.gov

WHAT THE DIVISION DOES

The mission of the Public Health and Safety Division is to improve the health status of Montanans to the highest possible level. The Division provides a wide range of services aimed at understanding the health status of our citizens, promoting healthy lifestyles, preventing and controlling communicable and chronic diseases, improving the public health system and assuring it is prepared to address all types of public health events and emergencies. The division operates two laboratories, one focusing on environmental health and the other on public health, including testing of newborn children.

SPENDING AND FUNDING INFORMATION

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Public Health and Safety Division. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

STATUTORY AUTHORITY FOR DIVISION

Title 50, MCA, including local public health activities. Rules concerning public health programs are in Title 37 of Administrative Rules of Montana. Specific citations include: Maternal and Child Health Title 50, Chapter 1 and Chapter 19, MCA, and Title V of the Social Security Act; Family Planning Title X of the federal Public Health Service Act and 42 CFR, Subpart A, Part 59; WIC P.L. 95-627, Child Nutrition Act of 1966, and 7CFR part 246.

HOW SERVICES ARE PROVIDED

Services are delivered primarily through local and tribal public health agencies, as well as private providers, clinics, hospitals and other community organizations.

The division is organized into 5 bureaus and one office with the following functions:

- 1) **Financial Services and Operations Bureau** provides operations for files, records, and equipment management, budget analysis, contract procurement, financial management and information technology.
- 2) **Communicable Disease Control and Prevention Bureau** works closely with local and tribal public health agencies and health care providers to detect, monitor, control and prevent communicable and infectious diseases including tuberculosis, hepatitis, HIV, and sexually transmitted diseases. The bureau operates a program to assure children and others at risk for certain diseases receive the appropriate immunizations. It also works with local public health agencies to inspect and license pools, trailer courts, public housing and accommodations, institutions and daycares.
- 3) **Family and Community Health Bureau** provides services to assure the health of women, children and families. These include maternal and child health services, family planning, services for children with special health care needs, Special Supplement Nutrition Program for Woman, Infants, and Children (WIC), public health home visiting for high risk pregnant women, youth suicide prevention and other child and adolescent health programs.
- 4) **Laboratory Services Bureau** operates the environmental and clinical public health laboratories. The environmental laboratory does water and soil analysis and completes EPA certification of private laboratories for drinking water testing. The clinical laboratory completes biotechnology and microbiology tests to determine the presence of disease antibodies such as Hantavirus and Tuberculosis. The Bureau also administers an

environmental health and biomonitoring program and oversees the Montana Asbestos Screening and Surveillance Activity in Libby.

- 5) **Chronic Disease Prevention and Health Promotion Bureau** manages the tobacco prevention and cessation programs, cancer control programs including breast and cervical health and the tumor registry, diabetes prevention, cardiovascular health and emergency medical services and trauma systems.
- 6) **Office of Public Health Preparedness and Training** oversees the public health, hospital and pandemic influenza preparedness grants and works with local health departments and hospitals in preparedness planning and response, as well as workforce development and training.

Spending and Funding Information

The following figures show funding and expenditure information for FY 2006 for all sources of funding of the Public Health and Safety Division. Because the figures include all sources of funding there are no direct relationships between these figures and appropriation levels presented in the Budget Analysis for the 2007 Biennium.

Error! Not a valid link.	Error! Not a valid link.
--------------------------	--------------------------

The above information does not include administrative appropriations. The division had \$9,788 in administrative appropriations in fiscal year 2006. Departmental indirect charges are not included as expenditures or revenues in the above tables.

The following figures show funding and expenditures from FY 2004 through FY 2006, for HB 2 funding. Funding and expenditure information is not provided here for 2001-2003 since the division was not created until 2004. At that time the Health Policy and Services Division was split into two new divisions, the Public Health and Safety Division and the Health Resources Division.

Error! Not a valid link.	Error! Not a valid link.
---------------------------------	---------------------------------

2007 BIENNIUM NEW PROGRAM IMPLEMENTATION AND PROGRAM EXPANSION

Program Expansion

Per the recommendation of our Legislative Fiscal Division liaison, we are highlighting the new and expanded issues that were outlined in the October 11, 2006 LFD report to the Legislative Finance Committee meeting.

The most significant program expansions during the 2007 biennium were:

- DP 3111 that expanded the Montana Tobacco Use Prevention Program with Master Settlement Agreement allocated to the Program through Initiative 146, and
- DP 124 expanding the Public Health Emergency Preparedness Program.

In order to fully inform you of our progress, we have created full templates like this one for each of these programs.

DP 160 implemented an Early Childhood Comprehensive System (ECCS) grant of \$200,000 per year in federal funds. The intent of the ECCS grant is to link various federal and state efforts to act together as a coordinated system of care for young children, ages 0-5 and their families. Areas of focus in this planning grant include: medical homes; mental health and social/emotional development; early care and education; parent education; and family support. Due to the variety of federal and state agencies involved in ECCS, the federal government recognized the need to empower states to organize and link existing activities into a coordinated effort. The ECCS grant is not intended to create new programs, but to link existing activities and programs that will improve the way services for young children and their families are coordinated and delivered.

Montana has shared the responsibility of the ECCS project between several divisions and agencies, including the Head Start Collaboration Office and the Early Childhood Services Bureau in the Human and Community Services Division, and the Family and Community Health Bureau in the Public Health and Safety Division. The Montana Early Childhood Advisory Council has advised and overseen the activities of the grant, and through their members, facilitated input from local childcare providers and early childhood experts.

Outcomes achieved include:

- Development of a strategic plan to address priority areas
- Conducted community forums to facilitate local input into the vision for early child hood systems
- Linkage of the early childhood efforts in multiple agencies to coalesce on the topic of school readiness
- Conducted a statewide school readiness summit in June
- Development of mental and physiologic health services for child care settings in the form of consultant training
- Application for and receipt of the federal implementation grant, which was contingent upon successful completion of the planning phase

DP 3137 and SB 137 implemented inspection and licensing of body piercing and tattooing. The Department has developed a process for inspecting and licensing these establishments. Administrative rules were drafted, a hearing was held on October 25, 2006 and the rules will be published and in effect on January 11, 2007. Establishments have had on-site inspections and this will allow us to license them very quickly upon publication of the rules.

FTE

The legislature approved appropriations for an additional 14 FTE in the 2007 Biennium. The following figure shows the positions and hire dates for the new FTE.

2007 Biennium FTE Hire Dates	FTE	Date
Libby Asbestos Staff	69107729	12/10/2005
Libby Asbestos Staff	69107706	08/06/2005
Montana Tobacco Use Program	69107722	08/20/2005
Montana Tobacco Use Program	69107727	02/13/2006
Montana Tobacco Use Program	69107723	09/03/2005
Montana Tobacco Use Program	69107732	08/14/2006
Statewide Emergency Preparedness	69107724	08/06/2005
Statewide Emergency Preparedness	69107725	08/06/2005
Statewide Emergency Preparedness	69107728	08/06/2005
Clinical Lab Specialist	69107726	08/06/2006
Environmental Public Health Tracking	69107730	08/06/2006
Communicable Disease Monitoring	69107731	08/06/2005
Public Health Planner	69107733	Vacant
Environmental Lab Chemist	69107701	05/15/2006

CORRECTIVE ACTION PLANS

The WIC Program had two legislative audits and a Federal Management Evaluation with recommendations and associated corrective action plans in place during the 2005 biennium.

In the 2005 Legislative Audit there were seven findings of non-compliance. At that time the program put in place a corrective action plan. A follow up Audit in September 2006 showed procedures are in place to complete all seven of the findings. Another follow up audit is tentatively scheduled for February 2007. We anticipate the audit will show completion and close out of all issues.

A Federal Management Evaluation (ME) was conducted in May 2005. There were 38 findings and 5 observations. The Montana WIC Office has submitted four corrective action plans in response to the ME. The last plan of correction was submitted in September 2006 and we are anticipating a response in December 2006. At this time there are 20 findings still open and we anticipate that 18 of them will be approved and closed. The findings that may remain open involve having MOUs with neighboring states to prevent dual participation and implementing written procedures for check review. Staff and attorneys are currently working on completion of these findings.

2009 BIENNIUM BUDGET

The following figures show the proposed HB 2 budget for the 2009 biennium.

Error! Not a valid link.

Error! Not a valid link.

Goals and Measurable Objectives

The following figure shows the department base year and budgeted biennium goals and performance measures that are associated with the proposed 2009 biennium HB 2 budget.

Public Health and Human Services Public Health and Safety Division		
Measurable Objectives for the 2009 Biennium		
Goal	Measurable Objectives	Current status of Measures
Family and Child Health: Provide programs and services to improve the health of Montana's women, children, and families.	<ul style="list-style-type: none"> By 2010, reduce the rate of birth for teenagers aged 15 through 17 years to 9.3 per 1,000. 	9.7 (2005)
	<ul style="list-style-type: none"> By 2010, reduce the rate of deaths to children aged 14 years and younger caused by motor vehicle crashes to 4 per 100,000 children. 	5.8 (2005)
	<ul style="list-style-type: none"> By 2010, increase the percentage of mothers who breastfeed their infants at hospital discharge to 77.1%. 	73% (2005)
	<ul style="list-style-type: none"> By 2010, increase the percentage of newborns who have been screened for hearing before hospital discharge to 92%. 	97.9% (2005)
	<ul style="list-style-type: none"> By 2010, increase the percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester to 87.4%. 	83.5% (2005)
	<ul style="list-style-type: none"> By 2010, 100% of Montana's counties will have been reviewed as potential Health Professional Shortage Area designations for primary care, mental health, and dental services in an effort to improve the health-care access of medically underserved and vulnerable populations of Montanans. 	In progress
Communicable Disease Control and Prevention: To reduce the incidence of communicable disease in Montana citizens through efforts in prevention, treatment, surveillance, and epidemiology.	<ul style="list-style-type: none"> By 2010, achieve and maintain a 90% immunization coverage rate for children 19-35 months of age in accordance with the recommended immunization schedule. 	91% (2005)
	<ul style="list-style-type: none"> By 2010, continue to maintain at 100%, the proportion of tuberculosis cases completing curative therapy within 12 months. 	100% (2005)
	<ul style="list-style-type: none"> Increase the rate of compliance with food safety regulations by licensed establishments by 5% annually through 2010. 	Baseline to be established with new web-based inspection system in 2007
	<ul style="list-style-type: none"> By 2010, reduce the incidence of chlamydia to 150 cases per 100,000 in Montana. 	258/100,000 (2005)
	<ul style="list-style-type: none"> Control the incidence of HIV/AIDS in Montana so as not to exceed 1.4 cases per 100,000 persons, through 2010. 	1.6/100,000 (2005)

<p>Chronic Disease Prevention and Control: Reduce the burden of chronic disease, injury, and trauma in Montana.</p>	<ul style="list-style-type: none"> • By 2010, increase community awareness of the warning signs of acute myocardial infarction and stroke and the need to use 911 medical services. • By 2010, increase the proportion of people with diabetes in Montana who receive the recommended preventive care services to the Healthy People 2010 national health objectives. • By 2010, decrease the proportion of high school students who report smoking using cigarettes in the past 30 days to the Healthy People 2010 national health objectives. 	<p>78% (Acute MI, 2005) 79% (Stroke, 2005)</p> <p>60% (Pneumococcal vaccination, 2004) 77% (Annual foot exam, 2004) 69% (Annual A1c test, 2004)</p> <p>20% (2005)</p>
<p>Laboratory Services: Reduce communicable disease in Montana through a surveillance system based upon public health laboratory disease diagnosis and assessment.</p>	<ul style="list-style-type: none"> • Maintain full access of local health departments and other public clinics to accurate, reliable, population-based laboratory services. • Maintain the state's capacity to provide technically advanced laboratory testing for conditions that affect the health of Montanans, including unusual and emerging diseases. • Maintain a communication system through faxes and e-mail with Montana hospitals, clinics, and infectious disease physicians for the purpose of providing updated information related to infectious diseases. • Continue to provide testing capable of monitoring public drinking water according to current EPA standards and to ensure that private drinking water laboratories throughout the state are capable of meeting the same EPA standards of testing. • Maintain laboratory preparedness for testing agents of bioterrorism, and continue to develop methods of meeting expectations regarding testing for agents capable of being used for chemical terrorism. 	<p>In place</p> <p>On-going</p> <p>In place</p> <p>In place</p> <p>In place</p>
<p>Office of Public Health Preparedness and Training: A strong and prepared public health system that provides the foundation for to respond to emergencies with a well-trained workforce.</p>	<ul style="list-style-type: none"> • By 2010, 90% of Montana's local and tribal jurisdictions, as well as hospitals, participate in <u>multi-jurisdictional</u> public health and medical emergency response plans that are exercised, evaluated, and improved annually. • By 2010, 85% of Montana's public health workforce will receive public health training and continuing education opportunities on an annual basis. 	<p>In progress</p> <p>In progress</p>

<p>Division Administration: A strong public health system that provides the foundation for Montanans to live safe and healthy lives.</p>	<ul style="list-style-type: none"> • By 2010, develop and/or implement information technology applications that integrate major public health programs and comply with the Centers for Disease Control and Prevention's (CDC) Public Health Information Network (PHIN) standards. • By 2010, continue to update Montana's public health statutes and administrative rules to more accurately reflect current public health threats and practices. • By 2010, surveillance data such as, Behavioral Risk Factor Surveillance System data, Montana County Health Profiles, and related health information will continue to be presented in useable forms and as readily accessible web-based resources for state, local, and tribal public health agencies. 	<p>In progress – recently implemented CDC's PHIN compliant web-based communicable disease registry</p> <p>Two bills with updates in 2007</p> <p>In progress</p>
---	--	---

BUDGET AND POLICY ISSUES

Legislation from the Public Health & Safety Division:

1. **LC 0471: An act removing the requirement for a physician director of an automated external defibrillator (AED) program** - This legislation would remove the requirement for a physician to provide oversight to organizations that have AED(s) on their premises. It would allow other health care professionals to provide oversight to these organizations in matters related to the AED(s).
2. **LC 0470: An act removing the requirement that wholesale and retail nonprescription drug manufacturers be licensed and regulated entities through the Department of Public Health and Human Services (DPHHS)** - This is a housekeeping bill that would remove the requirement that DPHHS license and regulate wholesale and retail nonprescription drug manufacturers, since this function is performed by the Federal Food and Drug Administration.
3. **LC 0987: An act to increase fees for licensure of public pools; authorizing promulgation of rules to establish fees for plan reviews for public pools** - This legislation would increase the fees for licensing and inspecting public swimming pools and other water attractions. These fees have not been increased since 1991 and the cost of performing these services has far outpaced the fee structure. In addition, the fees for review of plans to develop new pools and water attractions would be set in administrative rule and would be commensurate with the complexity of the plans.
4. **LC 0484: An act to allow dispensing of non-oral and oral prepackaged contraceptives by a registered nurse employed by a family planning clinic under contract with the Department of Public Health and Human Services** - This legislation would remove the word "oral" from the existing statute to allow registered nurses in family planning clinics under contract with DPHHS to dispense both non-oral and oral prepackaged contraceptives.
5. **LC 0472: An act requiring provision of and reporting regarding newborn hearing screenings and education** - This legislation would require that a hearing screening test be performed for all newborn infants before discharge from a hospital or no later than 1 month after birth, so that the DPHHS can plan, establish and evaluate a comprehensive system of services for infants and children who are deaf or hard of hearing.
6. **LC 0986: An act expanding the genetic and metabolic conditions required to be screened in newborns and allowing the state to contract with one or more providers of follow-up services for newborns suffering from such conditions** - This legislation would mandate the full panel of genetic and metabolic conditions recommended by the American College of Medical Genetics and endorsed by the American Academy of Pediatrics and the

March of Dimes. In addition, it would establish a program of comprehensive follow-up services, including education and counseling, for newborns and parents of newborns identified with disorders.

7. **LC 0481: An act to modernize Montana’s public health statutes by amending the powers and duties of the Department of Public Health and Human Services, local boards of health, and local health officers; and encouraging greater collaboration among and between constituents in the public health system** - This act would amend the powers and duties of the DPHHS, local boards of health, and local health officers to reflect current public health issues and practices. It would also create a basic purpose statement for the public health system and encourage collaboration among federal, state, local and tribal partners.
8. **LC 0480: An act requiring a public health emergency plan and establishing powers and duties in public health emergencies** - This act would assure the necessary role of public health agencies as part of the Disaster and Emergency Services response system. The legislation would define and allow the Governor to declare a public health emergency and provide the Governor with powers and authorities that could be used in one; require a public health emergency plan; provide powers and authorities for which the DPHHS would be the lead agency during a declared public health emergency, in collaboration with local public health agencies, Disaster and Emergency Services, and other relevant agencies; and allow for recognition of interstate licensure for volunteer health care and public health professionals and immunity for volunteer health care providers.

The following are requests for state funding for public health activities. Some of the requests are for general funds and some are for various sources of state special revenues as noted below.

1. **NP 70002 - Laboratory Equipment Replacement and Maintenance** - This is a one-time-only request is for \$145,000 in general funds for each year of the biennium for laboratory equipment and instrument replacement and maintenance along with supplies and training for specialized testing.
2. **NP 70003 - WIC Information Technology System Maintenance** - This one-time-only request is for \$290,000 for the biennium in general funds to sustain our current system until a USDA system is available. Please see the “significant issues expanded” section below for a detailed description. In addition, in an attempt to provide you with as much information as is possible about this request, we have completed a full template like this one for this program.
3. **NP 70007 HIV - Treatment** – This is a request for an increase of \$150,000 in general funds for each year of the biennium for HIV Treatment. As of April 2006, there were 18 individuals waiting to be enrolled into the Montana AIDS Drug Assistance Program (ADAP) so they can receive medications at a discount.
4. **NP 70103 - Public Health Home Visits** - This request is for \$200,000 in Tobacco Trust Fund Interest (SSR) for each year of the biennium to support expansion of Public Health Home Visits (PHHV), a part of the Montana Initiative for the Abatement of Mortality in Infants (MIAMI). Please see the “significant issues expanded” section below for a detailed description of this request.
5. **NP 70105 - Rural Public Health Development Project** - This request is for a \$75,000 biennial appropriation of general fund to develop locally driven solutions for creating public health infrastructure in rural and frontier Montana. The appropriation is intended to address public health surge capacity in a large-scale event or emergency and develop basic orientations for boards of health and health officers. The division may contract with an entity or entities able to work with local jurisdictions to perform this work.
6. **NP 70106 - Tobacco Use Prevention** - This budget request is for 2.00 FTE and \$1,370,000 in state special revenue from the Master Settlement Agreement with the tobacco companies for each year of the biennium for expansion of activities of Montana Tobacco Use Prevention. Please see the “significant issues expanded” section below for a detailed description of this request. In addition, in an attempt to provide you with as much information as is possible about this request, we have completed a full template like this one for this program.

7. **NP 70107 Purchase of Tamiflu – This request has been withdrawn.** This product arrived ahead of schedule and is included in a request for supplemental funding for the 2007 biennium.
8. **NP 70108 - Diabetes and Heart Disease Prevention** - This budget request is for 2.00 FTE and \$330,000 in state special revenue from the Master Settlement Agreement (MSA) with the tobacco companies for FY 2008 and \$830,000 from the MSA and Tobacco Trust Fund Interest (SSR) for FY 2009 for diabetes and heart disease prevention activities. Please see the “significant issues expanded” section below for a detailed description of this request.
9. **NP 70005 - Newborn Screening Follow-Up Program** - This request is for \$290,000 in Tobacco Trust Fund Interest (SSR) for each year of the biennium to support a comprehensive newborn screening follow-up program to assure the availability of appropriate clinical diagnostic and support services for families and primary care providers of those babies identified with an abnormal condition from the expanded panel of newborn screening tests. This is **contingent upon passage of legislation**. Please see the “significant issues expanded” section below for a detailed description of this request. In addition, in an attempt to provide you with as much information as is possible about this request, we have completed a full template like this one for the Children with Special Health Care Needs Program.

Requests for authority to expend federal and state special revenue funds

The following are requests for authority to expend funds received from federal grants or generated by fees collected.

1. **PL 70011 - Laboratory Services-** This request is for \$130,000 in spending authority for each year of biennium to spend SSR generated by fees for laboratory tests. The laboratory needs to expend these fees to meet projected increases in the testing and supply expenses. The number of tests performed by the Laboratory Services Bureau is expected to increase from 135,460 tests in FY05 to an estimated 145,000 tests in FY06.
2. **PL 70015 - Public Health Emergency Preparedness** - This request is for \$1,800,000 per year of the biennium for federal spending authority to allow the PHSD to expend federal grants to prepare and respond to a pandemic of influenza.
3. **PL 70018 and PL 70023 - Behavior Risk Factor Survey** – This request for additional federal authority of \$40,000 for each year of biennium to expend the Behavioral Risk Factor Surveillance System (BRFSS) grant. In addition, the PHSD is requesting \$65,000 in state special revenue for each year of the biennium for the BRFSS fee account. When a program requests the addition of new items to the survey, fees are collected to help support the survey and deposited into this account.
4. **PL 70021 - Montana Comprehensive Cancer Control Program Grant** – This request is for federal authority of \$112,000 for each year of biennium so the PHSD can expend an anticipated increase in the Montana Comprehensive Cancer Control Program (MCCCP) grant.
5. **NP 70013 - Food Emergency Response Network Grant** – The PHSD is requesting an increase in federal spending authority of \$50,000 for the Food Emergency Response Network (FERN) grant to allow it to expend the full amount of the expected grant award.
6. **NP 70014 - Youth Suicide Prevention Program Grant** - This request is for \$400,000 for federal spending authority for each year of biennium to expend a federal youth suicide prevention grant. Please see the “significant issues expanded” section below for a detailed description of this request.
7. **NP 70017 - Health Educator Position for Montana Breast & Cervical Health Program** - This request is for 1 FTE and federal spending authority to make permanent the position of Montana Breast and Cervical Health Program (MBCHP) Health Educator.

8. **NP 70016 - Food and Consumer Safety Pool Inspections** - This request is for \$60,000 in SSR for each year of the biennium to allow Food and Consumer Safety to expend fees from pool inspections and plan reviews performed by DPHHS employees. This is **pending legislation** to increase pool inspection and plan review fees.
9. **PL 70101 - Environmental Public Health Tracking Reduction** – This request will remove the **federal** Environmental Public Health Tracking Grant (\$430,563) from the state budget since Montana was not granted federal funds to continue the program.
10. **PL 70104 - Genetics Program Reduction** – During the last biennium the Montana Genetics Program was granted a fee increase only for the current biennium. The fees on insurance premiums to support the Montana Genetics Program will revert from \$1.00 for the biennium back to \$.70 effective July 1, 2007. This request is to remove \$242,559 in SSR from the state budget to reflect the sunset of this fee increase.

SIGNIFICANT ISSUES EXPANDED

Increases in General Funds

The most significant increases in general funds are:

1. **NP 70003 - WIC IT System Maintenance** - \$290,000 one time only biennial appropriation. These funds will be used to sustain our current system until a USDA system is available. The system may be available as early as summer 2008; however, roll out to states may not be until 2010. No FTE are requested.

This computerized system is used to maintain documentation on eligibility, certification, reporting requirements, and to issue food instruments, which serve as currency for participants to obtain supplemental foods. The WIC program provides nutrition education and supplementary food to approximately 22,000 low-income pregnant and nursing women, infants and children up to age 5 statewide. Requested funding will support a programmer, IT and WIC staff travel to support local agencies, and consultant time to develop and monitor the mandated Planning Advance Planning Document (PAPD). The current system is 12 years old and needs modification in order to document compliance with some federal requirements. Due to the age of the system, it is very difficult for state and local staff to operate it. The extraction of information outside of the preset definitions is cumbersome and requires the time and expertise of the programmers. The federal funds to modify and maintain the existing system are not available, as the current federal priority is development of new State Agency Model Systems (SAM). Maximus Consulting reviewed Montana's existing WIC system as part of the DPHHS Business Process Re-engineering in May 2005. It was recommended that the existing system could not be upgraded, but required complete replacement. The present request is to maintain the existing system until the SAM product is available and rolled out.

Increases in SSR

The most significant increases in state special revenues are:

1. **NP 70106 – Tobacco Use Prevention Increase** - This request is for 2.00 FTE and \$1,370,000 in state special revenue (Master Settlement Agreement Funds) for each year of the biennium for expansion of current prevention activities. These funds will support a) community-based programs, b) program to prevent spit tobacco use, c) programs to reduce smoking during pregnancy, d) implementation of comprehensive cancer control activities, e) improved acute care for persons with ischemic stroke in rural Montana.

The Master Settlement Agreement with the major tobacco manufacturers was based on the recognition that tobacco use increases a person's risk for a number of adverse health outcomes, many of which result in premature death. Public health has long recognized that intervention strategies that address the reduction in tobacco use can have substantial impact on the broader public health context. Diseases strongly related to and dramatically complicated by tobacco use include not just lung and oral cancer, but also asthma, chronic obstructive pulmonary disease, diabetes, heart disease and stroke.

While it is critical to have intervention strategies directly designed to reduce and prevent tobacco use, it is equally important to incorporate tobacco cessation messages into broader public health activities. Many Montanans have multiple modifiable risk factors (e.g., smoking, diabetes, and hypertension, lack of regular physical activity) for cardiovascular disease, which markedly compounds their risk for heart attack and stroke. Montana has an opportunity to create a more comprehensive chronic disease prevention effort by coordinating prevention strategies to improve health behaviors (e.g., nutrition, physical activity, tobacco cessation) with strategies to improve management of other closely associated risk factors (e.g. diabetes, hypertension). In proposing new prevention strategies, DPHHS will encourage activities that address various components of wellness in order to have greatest impact on reducing or eliminating chronic disease.

A. Fund Remaining Montana Counties for Community-based Tobacco Prevention Activities -

This proposal would provide funding for the fifteen remaining Montana counties that currently do not have tobacco prevention funding for community-based efforts. These counties include Glacier, Granite, Jefferson, Broadwater, Meagher, Madison, Sweetgrass, Big Horn, Valley, Garfield, McCone, Prairie, Wibaux, Fallon, Carter, all of which are rural counties. Funding all 56 Montana Counties will ensure comprehensive tobacco use prevention for all Montana citizens. Funding for these community-based programs will be used to implement and enforce the Montana Clean Indoor Air Act, and to implement community-level activities to prevent youth initiation, and promote tobacco use cessation. The community-based programs will be evaluated based on the quarterly and annual progress reports they submit to MTUPP.

\$458,100 per year ongoing to support and fund additional counties:

- \$300,000.00 to fund twelve unfunded small counties
- \$ 98,100.00 to fund Glacier, Big Horn and Jefferson Counties with larger populations
- \$ 60,000.00 for salary and benefits for 1.00 FTE to manage, train and offer technical assistance to the additional county programs

B. Prevent Spit Tobacco Use in Montana - This proposal would utilize funding to implement the action plan recommended by the Spit Tobacco Strategic Initiative Committee to prevent and reduce spit tobacco use in Montana. The FY08 action plan will include the following activities.

\$200,000 per year

- \$155,000 Develop and implement a statewide public education campaigns focusing on spit tobacco use prevention.
- \$15,000 Create support materials to assist in the adoption of tobacco-free policies for hospitals, colleges and other targeted institutions.
- \$10,000 Create and distribute spit tobacco cessation materials through the Montana Tobacco Quit Line to promote spit tobacco cessation.
- \$20,000 Expand surveillance, evaluation and the publishing of reports on spit tobacco use in Montana to help direct effective intervention strategies.

Data from the Youth Risk Behavior Survey and the Prevention Needs Assessment survey will be used to assess changes in youth attitudes towards spit tobacco, prevalence of spit tobacco use, and the age of initiation of use prior to and after initiation of the interventions. Data from the Adult Tobacco Survey will be used to assess changes in the prevalence of spit tobacco use in adults prior to and after initiation of the interventions.

C. Reduce Smoking During Pregnancy in Montana - This proposal would focus on reducing the prevalence of smoking during pregnancy among Montana mothers.

\$280,000 per year

- \$150,000 to develop and implement a public education and awareness campaign focusing on the benefits of smoking cessation during pregnancy and where to go for help (e.g., provider and the Quit Line).
- \$80,000 to conduct outreach to primary care providers regarding:

- a) state-of-the-art counseling and pharmacologic techniques to assist their patients to quit using tobacco
- b) free counseling services and cessation aids provided by the Montana Tobacco Quit Line, and information on how to refer women to the quit line
- \$10,000 to develop and disseminate pregnancy specific cessation materials for patients and primary care providers.
- \$40,000 to develop and implement a statewide youth education and awareness campaign focusing on the preventing the initiation of tobacco use. This campaign would be coordinated with the existing Youth Tobacco Use Prevention Empowerment Initiative.

This pilot program will be evaluated using the Montana birth records and intake data collected through the Montana Tobacco Use Quit Line. The overall goals will be to increase utilization of Montana Tobacco Use Quit Line, and to reduce the prevalence of smoking during pregnancy among pregnant women in the targeted regions. Non-targeted regions in Montana will be used as a comparison.

D. Implement Comprehensive Cancer Control Activities in Montana - This proposal would provide funding to implement the States Cancer Control Plan. The Five-Year Montana Comprehensive Cancer Control Plan was published in April 2006. The Comprehensive Cancer Coalition has prioritized the strategies for the next 5 years. The Montana Cancer Control Program would utilize these funds to implement the following activities.

\$250,000 per year

- \$30,000 to conduct a needs assessment to identify barriers for all Montanans particularly barriers to screening, barriers to treatment (including access to clinical trials), and barriers to end-of-life care.
- \$25,000 to collect and analyze utilization and hospital discharge data from all identified sources.
- \$20,000 to analyze existing resources and develop education and intervention materials to address the barriers that are determined to exist, including a professional education model to increase access to prevention, screening and early detection services and participation in clinical trials.
- \$40,000 to support collection of cancer incidence data in small Montana hospitals through the Montana Central Tumor Registry.
- \$5,000 to expand surveillance data through the Behavioral Risk Factor Surveillance Survey.
- \$30,000 to develop public awareness campaign on screening and early cancer detection for breast, cervical, and colorectal cancer.
- \$40,000 to support a position that will be funded through the University of Washington and the National Cancer Institute. This will not be a state FTE but will be an individual assigned and hired by the National Cancer Institute who will work in Montana to provide outreach and education about cancer control to American Indian communities in Montana.
- \$60,000 for 1.00 FTE health educator for the comprehensive cancer program for program implementation activities.

Information from the needs assessment conducted in year one will be used to develop program interventions in year two. Screening data from the Montana Breast and Cervical Health Program, stage of diagnoses data from the Montana Central Tumor Registry, and self-reported cancer screening data from the Montana Behavioral Risk Factor Surveillance System will be used to evaluate the impact of the public education campaign implemented in year one.

E. Improve Acute Care for Persons with Ischemic Stroke in Rural Montana - The Cardiovascular Health (CVH) Program proposes conducting pilot projects with the Stroke-Doc telemedicine system. The pilot projects would include four remote sites (Critical Access Hospitals) and four stroke centers. The system provides two-way audio/video communication (allowing the neurologist to interact with the patient and family during consults); transmission of the patient's CT to the neurologist, and flexibility to do consults outside of the hospital. Existing telemedicine systems in Montana cannot meet these requirements. This pilot will help address the disparities in care that stroke patients face in rural Montana. For sustainability of the project, the CVH Program will work with the sites to identify potential funding sources once the pilot is completed.

The CVH Program also proposes to expand its public education campaigns to increase community awareness of the warning signs and risk factors for stroke and acute myocardial infarction and to increase community awareness of the need to call 911 emergency medical services when experiencing these warning signs. This funding would allow the CVH Program to implement the public education campaigns in additional communities throughout Montana.

\$181,900 per year

- \$120,000 for Stroke-Doc telemedicine hardware and software for each remote site plus the software for consulting neurologists x 4 sites, technical support fees for licenses, and training costs.
- \$61,900 for the stroke and acute myocardial infarction warning signs and need to use 911 EMS public education campaigns.

These activities will be evaluated by assessing the number of patients with an ischemic stroke who are evaluated for and treated with thrombolytic therapy prior to and after the initiation of the intervention. To evaluate the public education campaigns the Program will conduct pre- and post- telephone surveys to assess changes in community awareness of the warning signs for stroke and acute myocardial infarction and the need to call 911 EMS.

2. **NP 70108 – Diabetes and Heart Disease Prevention** - \$330,000 FY 2008 Master Settlement Agreement (MSA) Funds; \$830,000 MSA funds and Tobacco Trust Fund Interest and 2 FTE. The Diabetes Program would establish and implement diabetes primary prevention activities in three pilot programs within local health departments, community health centers, diabetes education programs, or other appropriate health care facilities to promote increased physical activity, improved nutrition, and tobacco use cessation among persons at high risk for developing diabetes, and the development of supportive health education materials for these pilot programs using \$330,000 of new funding from the Master Settlement Agreement (MSA). During the second year of the biennium, we would increase the number of programs in Montana that can implement primary prevention activities beyond the initial three pilot sites (to eight) through the use of additional funding from the Tobacco Trust Fund Interest (\$500,000). These activities will be evaluated by assessing weight loss, physical activity, and reduction in tobacco use by persons at high risk for diabetes, who are referred for these services on a pre-determined recruitment target.

Diabetes is a leading cause of morbidity and mortality in Montana. The prevalence of overweight and obesity in Montana has continued to increase in Montana, which results in increasing number of Montanans with pre-diabetes, diabetes, metabolic syndrome, and increasing numbers of women with gestational diabetes. The Diabetes Prevention Program, a national study, has shown that with lifestyle intervention (healthy eating and increased physical activity), adults (including women with a history of gestational diabetes) can reduce their risk of developing diabetes by 58% and their future risk of developing heart disease and stroke.

The overall goal of this program will be to prevent diabetes, and cardiovascular disease among person at high risk for diabetes. This approach will allow us to: a) develop and implement diabetes prevention program; b) assess the feasibility of this approach and assess the clinical outcomes of persons enrolling in this program; and c) develop and implement enhanced surveillance of risk factors and health behaviors among persons at high risk for developing diabetes. Not implementing these activities will lead to a continued increase in the number of Montanans with diagnosed diabetes, heart disease and stroke.

3. **NP 70005 – Newborn Screening Followup** - \$290,000 per year in Tobacco Trust Fund Interest. These funds would be used to support a comprehensive newborn screening follow-up program. This program will assure the availability of appropriate clinical diagnostic and support services for families and primary care providers of those babies identified with an abnormal condition from the expanded panel of newborn screening tests. Screening of newborns for metabolic and other disorders through a blood test has become a standard of care over the last three decades. Technological advances have made available screening for multiple metabolic conditions that had previously been difficult to determine in a timely manner. This proposal provides funding to assure that:

1. Every Montana-born baby will receive the panel of newborn screening tests which are currently recommended by the American Academy of Pediatrics. In March 2006, the Academy is recommending 29 tests; a hearing screening and 28 metabolic and other disorders detected through testing of blood.
2. Every person in Montana with positive newborn screening test results will receive an appropriate continuum of follow-up care.

The funding provided will assure availability of clinical diagnostic and support services which include:

- a) Metabolic specialists services
- b) Nurse consultation and regional clinical services
- c) Nutritionists services
- d) Family Support
- e) Training and education of the public and providers re NBS

Item	Tests	Costs
Metabolic specialist (MD)	Clinic consultation	\$100,000
Nutritionist 0.5 FTE @ \$75,000/FTE)	Clinic and family consultation	\$37,500
Nurse Coordinator (0.5 FTE at \$70,000/FTE)	Clinic and family consultation	\$35,000
Family Support	Clinic and family consultation	\$30,000
Genetic Counseling (0.5 FTE)	Clinic and family consultation	\$37,500
Resources and training		\$50,000
TOTAL		\$290,000

In 2005, the Maternal and Child Health Bureau of the federal Department of Health and Human Services published a report entitled "Newborn Screening: Toward a Uniform Screening Panel and System" (<http://www.mchb.hrsa.gov/screening/summary/htm>). This report calls for national adoption of a mandatory panel of 29 tests (hearing screening and 28 tests for metabolic and other disorders detected by testing of blood samples) in order to ensure that all babies born in the United States have equal access to the same screenings.

This recommendation was adopted by the Montana Newborn Screening/Genetics Task Force in July 2006. Implementation of these national standards in Montana would require the addition of 24 tests currently available on an optional basis and mandatory hearing screening for all babies born in Montana. This expansion will require expansion of newborn services available to the families and physicians of the babies who are screened and diagnosed as positive for the conditions tested.

The goal of this program will be to assure the availability of appropriate clinical diagnostic and support services for babies identified with an abnormal condition from the expanded panel of newborn screening tests, for their families, and primary care providers. Beginning in the first year of the 2009 biennium, we will expand the newborn screening mandatory panel of 28 tests and hearing screening. Beginning in the first year of the 2009 biennium, we will contract for appropriate clinic consultation and family consultation for conditions identified from expanded panel of tests. By June 30, 2008, we will ensure that all babies born in Montana receive the full panel of mandatory tests for inborn errors of metabolism and other conditions detected by blood sample testing and ensure that all babies born in Montana with conditions identified through the mandatory expanded panel of tests have access to appropriate clinical and family consultation services.

Failure to implement the national standard for newborn screening for inborn errors of metabolism and other recommended conditions detected by blood sample testing will result in babies born with conditions not currently screened remaining undetected unless the specific optional test is ordered by the baby's physician.

4. **NP 70103 – Public Health Home Visits** - \$200,000 per year in Tobacco Trust Fund Interest. These funds would support Public Health Home Visits (PHHV), a part of the Montana Initiative for the Abatement of Mortality in

Infants (MIAMI). DPHHS will use new PHHV funding for additional PHHV sites and/or to increase funding to existing sites in order to expand home visiting services by providing intensive case management to pregnant women who are at risk for using substances while pregnant.

PHHV is part of the Montana Initiative for the Abatement of Mortality in Infants (MIAMI). MIAMI was authorized in MCA 50-19-301 – 323 in 1989, creating a multi-faceted approach to improving pregnancy outcomes and decreasing infant mortality in Montana. The four main approaches were:

1. infant mortality and morbidity review (now known as Fetal Infant and Child Mortality Review or FICMR);
2. low birthweight prevention, using contractors to provide home visiting services;
3. assistance to low-income women and infants in gaining access to prenatal care, delivery, and postpartum care and referral of low-income women and children to other programs to protect the health of women and children, and
4. public education and community outreach to inform the public on the importance of receiving early and comprehensive prenatal care. Beginning in 1989, funding to support local program efforts or home visiting was authorized by the legislature. In 2003, the Montana Legislature designated \$550,000 to support these home visiting services for high-risk pregnant women and infants. The funding was provided to local contractors in 2004 through an RFP process to continue the services by providing home visiting services to high-risk pregnant women and infants, establish common program expectations, and apply a single funding methodology. The objectives are to:
 - a) Improve pregnancy outcomes in service areas.
 - b) Improve family functioning in target populations served.
 - c) Monitor and improve the home environment of pregnant women and infants in the target population, considering environmental, economic, psychosocial, and medical risks.
 - d) Decrease the incidence and impact of drug and alcohol use and abuse in the target populations.

Based on the above RFP process, DPHHS contracts with 14 counties and 2 tribal nations to provide home visiting/community based services for high-risk pregnant women and infants.

Increases In Federal Funds

The most significant increases in federal grant funding are:

1. **PL 70015 – Public Health Emergency Preparedness** - \$1.8M per year in federal grant funds to prepare for and respond to a pandemic of influenza. All states receive a portion of \$250,000,000 for this purpose. The U.S. Centers for Disease Control and Prevention (CDC) provides funding to assist state and local agencies to prepare for public health emergencies, specifically targeted for an influenza pandemic. Funding is allocated to each state on a population based formula and requires state and local jurisdictions to perform a variety of public health related tasks. Activities include completing assessments intended to measure local response capabilities as well as developing and exercising a variety of response plans to ensure a coordinated response to an influenza pandemic.

The Montana Department of Public Health and Human Services (DPHHS) receives and distributes funding to support a variety of emergency preparedness efforts by state, county and tribal jurisdictions throughout the state. This request is for \$1.8 million in federal authority. To ensure a coordinated effort among state and local response agencies, DPHHS provides funding to local agencies via contracts and requires specific tasks to be performed. DPHHS develops detailed guidance and assists each jurisdiction with preparedness efforts to ensure that systems are in place to protect the public health.

During the first year of what will be a three year project to prepare for an influenza pandemic, each local jurisdiction receiving funding will have:

- 1) Developed a working group consisting of key partners representing public health, the medical community, preparedness agencies and other relevant partners within the community to address:
 - a) Medical Surge Capacity
 - b) Isolation and Quarantine of Ill or Exposed Individuals
 - c) Delivery of Antiviral Treatments to Local Populations
 - d) Interoperability of Communications and Data Systems
 - e) Planning issues
- 2) Developed and submitted a work plan to DPHHS outlining immediate and long term plans to address gaps identified through community assessments in each of the above areas and all contractors (local and tribal jurisdictions) will have public health emergency preparedness plans that have been tested via drills and exercises.
- 3) Depending on the maturity of existing plans, local jurisdictions will have reviewed, refined, existing plans to ensure a coordinated response during a pandemic.

During the contract period DPHHS will have received and evaluated progress reports and work plans from 58 jurisdictions (51 local and 7 tribal) health agencies receiving funding for pandemic influenza planning efforts. State and local contractors will conduct drills and exercises to ensure that information is available for prescribed performance measures by CDC. Contractors will plan drills and exercises that stress their routine and urgent response systems to ensure that they are building capacity for larger events.

Each year of the biennium the Department will provide specific guidance for pandemic influenza preparedness to local and tribal agencies. Agencies will submit work plans and, in some cases, refined response plans. The State of Montana has data systems in place to accurately capture required information and report requested information to the CDC.

Failure to develop and exercise plans supported through this funding would increase the likelihood of illnesses and deaths in the event of an influenza pandemic. These funds are necessary and provide additional incentive and means to develop adequate emergency response plans to ensure rapid identification and response to events of public health significance.

2. **PL 70014 - Youth Suicide Prevention Program** - \$400,000 per year in federal grant funds. This program provides resources to communities to support and promote youth suicide prevention efforts. On October 1, 2005, the Montana Department of Public Health and Human Services (DPHHS) received this \$400,000 federal grant

from Substance Abuse and Mental Health Services Administration (SAMHSA) to support suicide prevention efforts in Montana with potential continued funding over the next three years. This funding will be used specifically to lower the rate of suicide among youth and young adults in Montana, ages 10-24. Montana Department of Public Health and Human Services (DPHHS) is currently working with the Department of Administration on a Request For Proposals to fund at least six and up to 15 community projects (including tribal entities and institutions of higher learning) to implement evidence-based programs. One of the SAMHSA requirements is that 85% the funding be contracted to communities and institutions of higher learning. In Montana, \$342,460 of the \$400,000 will be contracted to communities and institutions of higher learning, including funding for the project evaluator through MSU, a public awareness campaign and training of medical providers.

Suicide is a major statewide public health problem in Montana. Montana has ranked in the top five states with the highest rates of suicide for the past 20 years, along with other mountain states. For a number of years, Montana has ranked second only to Nevada. From 1999 – 2002, the suicide rate in Montana among 15 to 24 year olds was 17.68 per 100,000 compared to 10.01 per 100,000 nationally, and the rate of suicide for American Indians ages 15 – 19 was 15.18 per 100,000 and for ages 20 – 24 was 36.91 per 100,000 (Centers for Disease Control and Prevention, 2003). Suicide profoundly effects individuals, families, workplaces, neighborhoods and societies. For each completed suicide, the lives of at least six other people are deeply impacted. The economic costs alone associated with suicide and self inflicted injuries in Montana are estimated at over 103 million dollars (Children's Safety Network 2005). The emotional and social cost of these losses is immeasurable. Each suicide in Montana represents a lost life, lost talents, lost creativity, and lost contributions to society.

Montana seeks to prevent both fatal and non-fatal suicidal behaviors among youth and young adults 10-24 years of age. The proposed approach builds on the foundation of prior statewide youth suicide prevention efforts to develop and implement youth suicide prevention and early intervention strategies, grounded in public and private collaboration. This project will aim to:

- Improve access to and availability of appropriate prevention services for vulnerable youth in at least six and no more than 15 communities, tribes and/or institutions of higher learning projects;
- Increase access to and community linkages with mental health and substance abuse service systems serving youth and young adults;
- Implement activities for an ongoing public information and awareness campaign to promote awareness that suicide is a public health problem and it is preventable; and
- Establish a process that promotes effective clinical and professional practices, and oversees and supports suicide prevention activities at local and state levels.

The suicide rate among youth in Montana will continue to be one of the highest in the nation without coordinated prevention efforts in Montana communities. The individuals and agencies that are currently addressing suicide often do so from their own unique perspective and to meet their own special needs. Montana needs a statewide, strategic effort to link these many assets together and to build a stronger network of resources to address suicide as a public health priority with this funding.